TY NAME: BASF Corp.				
TY ID (PREMISE NUMBER)	: 02-47-04-0195			
TY ADDRESS: 120 Pine Str	reet, Elyria, OH 44035			
e or most recent modificatio	on date: 07/27/01			
<b>ERLY</b> Reporting Period		SEMIANNUAL Reporting Period (please indicate AN/A@ below in the AFr fields if this report does include semiannual deviation reporting)		
NA	To: NA	From: 01/01/14	To: 06	6/30/14
ages in <u>report,</u> including this	one: 60 pages			
list any supporting attachme	ents			
ng deadline: 07/31/2014				

NOTE: The deviation reporting period shall be stated in the following format: Axx/xx/xx through zz/zz/zz@ where xx/xx/xx and zz/zz/zz are the beginning and end dates for the deviation reporting period respectively.

#### SIGNATURE FOR STATEMENT

This statement shall be signed by the responsible official as defined in OAC rule 3745-77-01(GG). Making of any false material statement, representation or certification constitutes

a violation of ORC 3704.05(H), and subjects the responsible party signing this statement to civil and/or criminal penalties as provided in ORC 3704.06(C) and ORC 3704.

#### CERTIFICATION

Based on information and belief formed after reasonable inquiry, I hereby affirm, as stated in OAC rule 3745-77-03(D), that the statements and information as transmitted in this

Title V report are true, accurate and complete to the best of my knowledge.

Authorized Signature _		Date		
Name (Please Print)		Title		
Ohio Environme  Deviation Repor	ental Protection Agency Section I- Page 2 rting			
ACILITY NAME: BASF Corp.	•			
ACILITY ID (PREMISE NUME	BER): 02-47-04-0195			
ACILITY ADDRESS: 120 Pin	ne Street, Elyria, OH 44035			
ssuance or most recent modifi	ication date: 07/27/01			
QUARTERLY Reporting Perior	d	SEMIANNUAL Reporting Per report does include semiannual	\.	dicate "N/A" below in the "From" and "To" fields if the eporting)
rom: NA	To: NA	From: 01/01/14		To: 06/30/14
Reporting deadline: 07/31/201	4			

Ohio Environmental Protection Agency **Deviation Reporting** 

FACILITY NAME			
FACILITY ID (PREMISE NUME	BER)		
FACILITY ADDRESS			
Issuance or most recent modifi	cation date		
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period (please in this report does include semiannual deviati	
From:	То:	From:	То:
Reporting deadline			

#### SECTION I -

### $\overline{704.05}$ (H), PART I General Terms and Conditions (Permit Requirement Reporting) (Table1) Mark the following box with an >X= if no General Terms and Conditions deviations occurred

#### THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART I OF THE TITLE V PERMIT DURING THE REPORTING PERIOD

Add rows as necessary to the following table for reported deviations (one for each General Term as applicable; see detailed instructions for more information) (Table2)

		<u> </u>						
PERMIT RM scription	Reporting Requirement (choose one)		ACTUAL METHOD USED TO DETERMINE COMPLIANCE		DEVIATION INFORMATIC	PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE	
Quarterly Semi- Annual		I	I .	DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

TVDEVIATIONV1.DOC 11/2005

Ohio Environmental Protection Agency Deviation Reporting

FACILITY NAME			
FACILITY ID (PREMISE NUME	BER)		
FACILITY ADDRESS			
Issuance or most recent modification date			
QUARTERLY Reporting Period		<b>SEMIANNUAL</b> Reporting Period (please in this report does include semiannual deviation)	
From:	То:	From:	То:
Reporting deadline			

PERMIT RM scription	Reporting Requirement DETERMINE COMPLIANCE			DEVIATION INFORMATIO		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTION PREVENTATIVE MEASURE	
·	Quarterly Semi- Annual			DEVIATION DURATION		DESCRIPTION AND MAGNITUDE OF THE DEVIATION		
				DATE / TIME START	DATE / TIME END			

Ohio Environmental Protection Agency Section II- Page 1

Deviation	Reporting

FACILITY NAME: BASF Corp	).		
FACILITY ID (PREMISE NUM	IBER): 02-47-04-0195		
FACILITY ADDRESS: 120 Pi	ne Street, Elyria, OH 44035		
Issuance or most recent modif	fication date: 07/27/01		
QUARTERLY Reporting Period			
QUARTERLY Reporting Period	od	<b>SEMIANNUAL</b> Reporting Period (please indicate AN/A@ fields if this report does include semiannual deviation re	
QUARTERLY Reporting Period From: NA	To: NA	· · · · · · · · · · · · · · · · · · ·	porting)

#### <u>Section II - Part II Facility-wide Permit Requirement Reporting</u> Insignificant Emissions Unit Negative Declarations (Table1)

List each insignificant emissions unit where no deviations of any PTI terms or applicable requirements for the listed emissions unit occurred, or add rows as necessary to the deviation reporting table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

VERE NO DEVIATIONS OF <u>ANY</u> PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II.*I* LE V PERMIT:

color tray dying (E-5)

trays dryers, littleford mixer (E-31)

HC-11 tanks (E-53)

general catalyst dryers #4, #5 (E-86)

nitric acid dilution (E-87)

ZR sinter furnace (E-89)

FACILITY NAME: BASF C	orp.		
FACILITY ID (PREMISE N	JMBER): 02-47-04-0195		
FACILITY ADDRESS: 120	Pine Street, Elyria, OH 44035		
Issuance or most recent mo	odification date: 07/27/01		
QUARTERLY Reporting Period			iod (please indicate AN/A@ below in the AFr de semiannual deviation reporting)
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

VERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II. I LE V PERMIT:

ammonia stripper in WWTP (E-93)

12 inch rotary calciner (E-95)

reduction towers (E-98)

#6 rotary calciner (E-97)

Horne tableting machines (E-102)

sulfuric acid storage tank

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

Kewanee boiler, rated at 8.6 MMBtu/hr

SEMIANNUAL Reporting Period (please inclined fields if this report does include semiannual	
From: 01/01/14	To: 06/30/14
·	
f	fields if this report does include semiannual

VERE NO DEVIATIONS OF ANY PTI TERMS OR APPLICABLE REQUIREMENTS FOR THE FOLLOWING LISTED INSIGNIFICANT EMISSIONS UNITS IDENTIFIED IN PART II. I LE V PERMIT:

Kewanee boiler, rated at 8.6 MMBtu/hr

Ohio Environmental Protection Agency Section II- Page 2

**Deviation Reporting** 

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER):	02-47-04-0195		
FACILITY ADDRESS: 120 Pine Stre	et, Elyria, OH 44035		
Issuance or most recent modification	date: 07/27/01		
QUARTERLY Reporting Period		<b>SEMIANNUAL</b> Reporting Period (ple fields if this report does include sem	ease indicate AN/A@ below in the AFr iannual deviation reporting)
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/01/14			·

### <u>Facility-wide Permit Requirements Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (mark with an >X= if applicable)</u> (Table 2)

THERE WERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART II OF THE TITLE V PERMIT DURING THE REPORTING PERIOD SPECIFIED IN THIS REPORT

### Section II - Part II Facility-wide and/or IEU permit requirement (Permit Requirement Reporting) - Deviation Reporting (Table 3)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more information)

r IEU T iption	Reporting Requirement (choose one) or both		choose one) DETERMINE		DEVIATION INFORMATION		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A	MALFUNCTION VERBAL REPORT(S) DATE(S)	MALFUN WRIT REPOF DATE
is for	Quarterly Semi- Annual				IATION ATION	DESCRIPTION AND MAGNITUDE OF THE			MALFUNCTION ? (Yes or No - If Yes, continue to the next column)  (If no reports were made, state ANO REPORTS@ in the space below)	(If no reports state ANO R in the space	
				DATE / TIME START	DATE / TIME END	DEVIATION			the flext column)		

FACILITY NAME: BASF Corp	).		
FACILITY ID (PREMISE NUM	BER): 02-47-04-0195		
FACILITY ADDRESS: 120 Pi	ne Street, Elyria, OH 44035		
Issuance or most recent modif	ication date: 07/27/01		
QUARTERLY Reporting Period	QUARTERLY Reporting Period		riod (please indicate AN/A@ below in the AFr de semiannual deviation reporting)
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/01/14			

r IEU T iption is for	Reporting Requirement (choose one) or both		PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A MALFUNCTION	MALFUNCTION VERBAL REPORT(S) DATE(S) (If no reports were made,	MALFUN WRIT REPOF DATE (If no reports			
	Quarterly	Semi- Annual		ATION ATION	DESCRIPTION AND MAGNITUDE OF THE			? (Yes or No - If Yes, continue to	state ANO REPORTS@ in the space below)	state ANO R in the space
			DATE / TIME START	DATE / TIME END	DEVIATION			the next column)		

Ohio Environmental Protection Agency Section III- Page 1

**Deviation Reporting** 

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER	): 02-47-04-0195		
FACILITY ADDRESS: 120 Pine S	treet, Elyria, OH 44035		
Issuance or most recent modification	on date: 07/27/01		
QUARTERLY Reporting Period	QUARTERLY Reporting Period		od (please indicate AN/A@ below in the AFroe e semiannual deviation reporting)
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

### Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Negative Declarations (Table 1)

List each emissions unit where no deviations of any terms for the listed emissions unit occurred, or add rows as necessary to the second table (see next page) for reported deviations (one for each term as applicable; see detailed instructions for more information)

### VERE NO DEVIATIONS OF ANY OF THE TERMS AND CONDITIONS OF PART III OF THE TITLE V PERMIT FOR THE FOLLOWING LISTED EMISSIONS UNITS:

Emissions Unit ID	Please place an >X= below if there were no Quarterly Deviations - If an >X= is not indicated, the deviation(s) must be identified in Table2 below	If applicable, please place an >X= below if there no Semiannual Deviations - If an >X= is not inditine the deviation(s) must be identified in Table2 b
	X	X
	X	X
		X
		X

FACILITY NAME: BASE Corp	).		
FACILITY ID (PREMISE NUM	IBER): 02-47-04-0195		
FACILITY ADDRESS: 120 Pi	ne Street, Elyria, OH 44035		
Issuance or most recent modi	fication date: 07/27/01		
QUARTERLY Reporting Perio	QUARTERLY Reporting Period		od (please indicate AN/A@ below in the AFroe semiannual deviation reporting)
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/20	14		·

	X
X	
X	X
X	X
X	X
X	X
X	X
X	X
Χ	X

FACILITY NAME: BASF Corp.

FACILITY ID (PREMISE NUMBER): 02-47-04-0195  FACILITY ADDRESS: 120 Pine Street, Elyria, OH 44035				
Issuance or most recent r	modification date: 07/27/01			
QUARTERLY Reporting I	Period	SEMIANNUAL Report fields if this report do		dicate AN/A@ below in the AFro
From: NA	To: NA	From: 01/01/14		To: 06/30/14
Reporting deadline: 07/31	1/2014			
	X		Х	
	X		Х	
			Х	
	X		Х	
			Х	
	X		Х	
			Х	
	X		X	

Χ

Х

Х

Х

Х

FACILITY NAME: BASF	Corp.				
FACILITY ID (PREMISE I	NUMBER): 02-47-04-0195				
FACILITY ADDRESS: 12	20 Pine Street, Elyria, OH 44035				
Issuance or most recent r	modification date: 07/27/01				
QUARTERLY Reporting	Period		porting Period (please ir does include semiannua	ndicate AN/A@ below in the AFr	
From: NA	To: NA	From: 01/01/14		To: 06/30/14	
Reporting deadline: 07/3	1/2014			•	
	X		Х		
	X		X		
	X		X		
	X		X		

Χ

Χ

Χ

Χ

FACILITY NAME: BASE (	Corp.		
FACILITY ID (PREMISE N	NUMBER): 02-47-04-0195		
FACILITY ADDRESS: 120	0 Pine Street, Elyria, OH 44035		
Issuance or most recent modification date: 07/27/01			
QUARTERLY Reporting Period		· · · ·	od (please indicate AN/A@ below in the AFroese semiannual deviation reporting)
From: NA To: NA		From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

Χ

Ohio Environmental Protection Agency Section III- Page 2

**Deviation Reporting** 

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02	2-47-04-0195		
FACILITY ADDRESS: 120 Pine Street	, Elyria, OH 44035		
Issuance or most recent modification da	ate: 07/27/01		
QUARTERLY Reporting Period		SEMIANNUAL Reporting Per	riod
From: NA To: NA		From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

### Section III - Part III Emissions Unit Terms and Conditions (Permit Requirement Reporting) - Deviation Reporting (Table2)

Add rows as necessary to the following table for reported deviations (one for each Term as applicable; see detailed instructions for more

information) - Please group deviations for each emissions unit that has deviations of multiple terms.

NS J) otion w)	TITLE V PERMIT TERM NO & Description	(choos	Requirement se one) both	ACTUAL METHOD USED TO DETERMINE COMPLIANCE		DEVIATION INFORMATIO	-	PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A	MALFUNCTION VERBAL REPORT(S) DATE(S)	MALI W RE.
		Quarterly	Semi- Annual		DEVIA DURA DATE/TIME START		DESCRIPTION AND MAGNITUDE OF THE DEVIATION			MALFUNCTION ? (If no reports we (Yes or No - If made, state AN Yes, continue to REPORTS@ in t	(If no reports were made, state ANO REPORTS@ in the space below)	we
ont)	A.III.1 - Collect and record the Pressure Drop across the baghouse, once each day.		х	Records of pressure drop	6/7/14	6/7/14	A total of 1 daily record is missing.	Operator Error.	Retraining	No	No	

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBE	R): 02-47-04-0195		
FACILITY ADDRESS: 120 Pine S	Street, Elyria, OH 44035		
Issuance or most recent modifica	tion date: 07/27/01		
QUARTERLY Reporting Period		SEMIANNUAL Reporting Perio	od
From: NA To: NA		From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

NS J) otion w)	TITLE V PERMIT TERM NO & Description	Reporting Requirement (choose one) or both		ACTUAL METHOD USED TO DETERMINE COMPLIANCE	DEVIATION INFORMATION			PROBABLE CAUSE FOR THE DEVIATION	CORRECTIVE ACTIONS / PREVENTATIVE MEASURES TAKEN	WAS THIS DEVIATION ATTRIBUTABLE TO A	MALFUNCTION VERBAL REPORT(S) DATE(S)	MALI W RE D
		Quarterly	Semi- Annual			ATION ATION	DESCRIPTION AND MAGNITUDE			MALFUNCTION? (Yes or No - If Yes, continue to the next column)	(If no reports were made, state ANO REPORTS@ in the space below)	(If r we sta REF
					DATE/TIME START	DATE/TIM E END	OF THE DEVIATION			Í	,,	the s <sub>t</sub>
) der	B.III.1.b- Collect and record the scrubber water flow rate, in gallons per minute, once each day.		х	Records of scrubber water flow rate	3/15/14	3/15/14	A total of 1 daily scrubber water flow rate records are missing.	Operator Error	Retraining.	No	No	
der	B.III.2-Record the pressure drop across the baghouse on a daily basis.		x	Records of daily pressure drop readings for the baghouse	3/15/14	3/15/14	A total of 1 daily ΔP records are missing.	Operator Error	Retraining.	No	No	

Ohio Environmental Protection Agency Section III- Page 2

Deviation Reporting

FACILITY NAME: BASF Corp.			
FACILITY ID (PREMISE NUMBER): 02	2-47-04-0195		
FACILITY ADDRESS: 120 Pine Street	, Elyria, OH 44035		
Issuance or most recent modification d	ate: 07/27/01		
QUARTERLY Reporting Period		SEMIANNUAL Reporting Period	
From: NA	To: NA	From: 01/01/14	To: 06/30/14
Reporting deadline: 07/31/2014			

See page 3 of the instructions A SECTION III ADDITIONAL DETAILED INSTRUCTIONS FOR COMPLETING A DEVIATION REPORTING TABLE of for guidance on this table.